知情同意书　Consent Form

方案名称（Research name）：个案报道　（Case report）

方案编号（Research number）：

研究机构（Research institute）：滨州医学院附属医院　（Binzhou Medical University Hospital）

主要研究者（The physician in charge of the study）：[redacted]

您将被邀请参加一项临床研究。本知情同意书提供给您一些信息以帮助您决定是否参加此项临床研究。请您仔细阅读，如有任何疑问请向负责该项研究的研究者提出。

You will be invited to participate in a clinical study. This informed consent gives you some information to help you decide whether to participate in this clinical study or not. Please read it carefully. If you have any questions, please ask the researchers responsible for the study.

您参加本项研究是自愿的。本次研究已通过本研究机构伦理审查委员会审查。如果您有与受试者自身权益相关的问题，可与滨州医学院附属医院伦理委员会联系，联系电话：[redacted]

Your participation in this study is voluntary. This study has been reviewed by the ethics review committee of the research institute. If you have questions related to the subjects' rights and interests, please contact the ethics committee of Binzhou Medical University Hospital at [redacted]

研究目的：此研究会用于向医学界或公众宣传大脑凸面蛛网膜下腔出血的特点，结果，问题，趋势，关注事项和类似问题。

Research purpose : The study is used for the purpose of informing the medical profession or the general public about characteristics of Non-traumatic convexal subarachnoid hemorrhage (cSAH), results, issues, trends, concerns and similar matters.

研究过程：如果您同意参与这项研究，我们将对每位受试者进行编号，建立病历档案。您的病例报告会发表于全球性的网站和期刊上，印刷版本和网络版本会供医生、媒体、大众阅读。

Research process: If you agree to participate in this study, we will number each subject and create a medical record file. Your case report will be published on websites and journals around the world. The printed and online versions will be available to doctors, media and the public.

风险与不适：对于您来说，所有的信息将是保密的。

Risk and discomfort: For you, all information will be confidential.

受益：通过对您的病例进行研究，将有助于对疾病作出诊断，为您的治疗提供必要的建议，或为疾病的研究提供有益的信息。

Benefits: By studying your case, it will help diagnose the disease, provide the necessary advice for your treatment, or provide useful information for the study of the disease.

作为研究受试者，您有以下职责：提供有关自身病史和当前身体状况的真实情况；告诉研究医生自己在本次研究期间所出现的任何不适；不得服用受限制的药物、食物等；告诉研

究医生自己在最近是否曾参与其他研究，或目前正参与其他研究。

As a study subject, you have the following responsibilities: provide true information about your medical history and current physical condition; Inform the study physician of any discomfort during the study period; Not to take restricted drugs, food, etc.; Tell your research doctor if you have been involved in other studies recently or are currently involved in other studies.

隐私问题：如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密。您的组织标本将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

Privacy issue: if you decide to participate in this study, your personal data in and during the study are confidential. Your tissue specimen will be identified by a study number rather than your name. Information that identifies you will not be disclosed to anyone other than members of the research group unless your permission is obtained. All research members and research bidders are required to keep your identity confidential. Your file will be kept in a locked filing cabinet for researchers only. To ensure that the study is conducted in accordance with the regulations, if necessary, members of the government management department or the ethics review committee may refer to your personal data in the research unit as required. When the results of this study are

published, no information about you will be disclosed.

如果您因参与这项研究而受到伤害：如发生与临床研究相关的损害时，您可以获得免费治疗和 / 或相应的补偿。

If you are injured by participating in this study: you can receive free treatment and/or compensation if there is any harm associated with the clinical study.

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响。

You may choose not to participate in this study, or at any time inform the researcher to request withdrawal from the study. Your data will not be included in the study results, and any medical treatment and benefits will not be affected.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究。

If you need additional treatment, or if you don't follow the study plan, or if you have any injuries related to the study or for any other reason, the investigator may terminate your continued participation in the study.

您可随时了解与本研究有关的信息资料和研究进展，如果您有与本研究有关的问题，或您在研究过程中发生了任何不适与损伤，或有关于本项研究参加者权益方面的问题您可以通过_____[redacted]_____与___研究者_____联系。

You can keep track of the information and information related to this study and the progress of the study. If you have any questions related to this study, or if you have any discomfort or injury during the study, or if you have any questions about the rights and

interests of participants in this study, you can contact us by the physician [redacted].

知情同意书 Consent Form

我已经阅读了本知情同意书。

I have read an informed consent form.

我有机会提问而且所有问题均已得到解答。

I have the opportunity to ask questions and all questions have been answered.

我理解参加本项研究是自愿的。

I understand that participation in this study is voluntary.

我可以选择不参加本项研究，或者在任何时候通知研究者后退出而不会遭到歧视或报复，我的任何医疗待遇与权益不会因此而受到影响。

I can choose not to participate in this study, or quit at any time after informing the researcher without any discrimination or reprisals, and my medical treatment and rights will not be affected.

如果我需要其它治疗，或者我没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止我继续参与本项研究。

If I need other treatment, or if I don't follow the study plan, or if there is any injury related to the study or if there is any other reason, the research physician may terminate my involvement in this study.

我将收到一份签过字的"知情同意书"副本。

I will receive a signed copy of the informed consent.

受试者姓名（Patient's name）：[redacted]

受试者签名（Signature of patient）：[redacted]

日期（Date）：2021年 11月 12日

我已准确地将这份文件告知受试者，他/她准确地阅读了这份知情同意书，并证明该受试者有机会提出问题。我证明他/她是自愿同意的。

I have accurately informed the subject of this document that he/she has read this informed consent and has demonstrated that the subject has the opportunity to ask questions. I certify that he/she consented voluntarily.

研究者姓名（Researcher's name）：[redacted]

研究者签名（Signature of researcher）：[redacted]

日期（Date）：2021年 11月 12日

（*注：如果受试者不识字时尚需见证人签名，如果受试者无行为能力时则需代理人签名*）

(note: if the subject is illiterate, the fashion requires the signature of the witness; if the subject is incompetent, the signature of the agent is required.)